


11-28-01

Reissue

Please type a plus sign (+) inside this box 

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

4250-2R

First Named Inventor

Robert Keller

Original Patent Number

6,262,019

Original Patent Issue Date
(Month/Day/Year)

07/17/01

Express Mail Label No.

E1 905055748US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)



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Marta E. Delsignore

Registration No. (Attorney/Agent)

32,689

Signature

Date

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 29	Total Claims (37 CFR 1.16(j))	(B) 33	**** 4 =	x \$ 9 =	\$36	or	x \$ =	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 2	* 1 =	x \$ 42 =	\$42		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$370			\$
Total Filing Fee					\$448		OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee					\$		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>501145</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>448.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Date</p> </div> <div style="width: 45%;"> <p>_____ Signature of Applicant, Attorney or Agent of Record</p> <p><u>Marta E. Delsignore</u> _____ Typed or printed name</p> </div> </div>								

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Vit-Immune, L.L.C.

Serial No. Reissue Application of Keller, et al.
U.S. Patent No. 6,262,019

Examiner:

Filed Herewith

Group Art Unit:


For METHOD OF TREATING GLUTATHIONE DEFICIENT MAMMALS

OFFER TO SURRENDER PATENT

Vit-Immune L.L.C. the assignee of U.S. Patent No. 6,262,019 hereby offers to surrender
original U.S. Patent No. 6,262,019.

Vit-Immune, L.L.C.

11-19-01
Dated

By: 
Title: Pres.

4250-2R
504250.098250

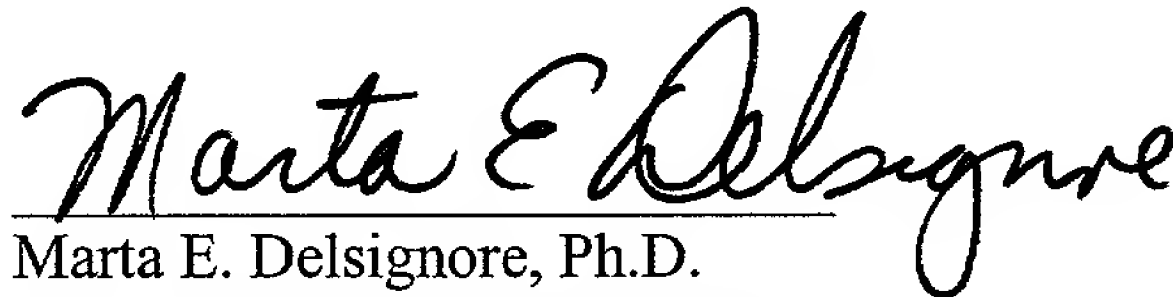
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Vit-Immune, L.L.C.
Serial No.: Reissue Application of Keller, et al. Examiner:
U.S. Patent No. 6,262,019
Filed: Herewith Group Art Unit:
For: METHOD OF TREATING GLUTATHIONE DEFICIENT MAMMALS

STATUS OF CLAIMS

Claims 1-29 are of record and live in the above-identified patent.

Respectfully submitted,



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Patent Office Reg. No. 32,689

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